



# Overseas trained doctor

A MEDICAL OBSERVER PUBLICATION

## Pathway delay hampers IMG entry to Australia

**Pamela Wilson**

A 12-MONTH delay in accrediting a new specialist pathway into general practice for international doctors has damaged Australia's reputation as a recruiter and left hundreds of IMGs unable to enter the country, health workforce recruiters say.

The Australian Medical Council's (AMC) specialist pathway was supposed to be in place by July last year and was introduced in recognition of general practice being a specialty in its own right.

It is separate to the standard AMC exam pathway and provides five categories under which IMGs can be accredited to practise as a GP in Australia. These are: doctors whose overseas qualifications

are recognised as being equivalent here; those whose qualifications are recognised but who still need to complete the RACGP exam; qualifications not recognised but doctor has more than five years GP experience; no GP qualifications but more than five years experience; and no GP qualifications and less than five years experience.

While categories one and two of the specialist pathway are now available, the AMC is still "awaiting necessary outstanding documentation" to finalise the remaining categories.

Despite an RACGP summary document saying details of these categories would be made available in July, at the time of going to press no further details were available.

The delay in fully accrediting the specialist pathway has angered many industry members.

"Since the new national assessment started, we have had very few doctors come into the country," said Rural Health Workforce Australia CEO Dr Kim Webber (PhD).

"We have had [many] doctors who are interested, but none have been assessed."

ACRRM censor Associate Professor Richard Murray agreed.

"The risk always with implementing sweeping national reform that pushed everything through a single track that hadn't yet been built was that we would find the pool of international applicants deciding... somewhere else was a better option," he said.

Hundreds of IMGs can't enter Australia, due to a delay in accrediting the AMC specialist pathway.



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Health Workforce Queensland CEO Chris Mitchell said the delay had stopped his organisation from increasing IMG recruitments last year. "If you ask the medical boards, the AMC and the RACGP about the specialist pathway, they'll say: 'Yes it is ready to go.' But when you ask when you can start putting people through they can't tell you."

## RACGP agrees to debate voting rights for international docs

**Andrew Bracey and Kellie Bisset**

THE standing and status of IMGs looks set to get some airplay at the RACGP annual convention next month when the thorny issue of voting rights for international doctors will be debated.

The college's north Queensland sub-faculty chair Dr Viney Joshi said he would raise the issue at the college convocation – a forum where members and fellows

can debate issues of importance.

Dr Joshi has accused the RACGP of double standards in allowing GP registrars voting rights but not associates, many of whom are IMGs.

IMGs are only eligible to vote if they are fellows or members (with a minimum of seven years Australian postgraduate medical experience). IMG associate members (who need to be registered

doctors) can apply to the college to have their overseas experience assessed for full membership but they have to pay a \$300 fee.

The college also has a separate "affiliate" category for IMGs who are yet to gain medical registration in Australia. These doctors are also currently not eligible to vote.

Dr Joshi labelled the division of

member categories "a silly argument" that was "more about keeping people out".

RACGP president Dr Chris Mitchell also said the issue would be discussed at convocation.

"This is a time for the members to give us their view and... for the council to sit back and listen," he said. "IMGs are very much valued by the college."

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## Spotlight on training again

### Pamela Wilson

THE findings of a South Australian coroner's inquest into the deaths of four patients have highlighted the need for accessible training for rural and remote IMGs.

Earlier this year the investigation revealed that in each case, doctors failed to recognise symptoms of acute coronary syndrome.

Speaking at the inquest, Flinders Medical Centre senior staff cardiologist Dr Philip Tideman stated: "There are quite a number of GPs...and [IMGs] would be over-represented in that group... who would have low levels of confidence in their ECG interpretation skills."

Despite the findings, neither ACRRM nor the RACGP have developed a specific strategy to tackle the issue.

ACRRM censor Associate Professor Richard Murray said the college's current curriculum was adequate, but believed there was an onus on colleges, divisions and rural workforce agencies to provide and encourage ongoing training.

"All doctors, including IMGs, need to have access to periodic refreshers in emergency medicine."

The RACGP said it continued to work to ensure GPs had access to quality education and training to address adverse outcomes.

# IMGs an untapped resource for complementary medicine

### Pamela Wilson

AS patients increasingly request complementary and alternative medicine (CAM) as part of holistic health, IMGs from non-Western countries could help the Australian health system better meet this demand, experts say.

Dr Arthur Echano – a Taree GP originally from the Philippines who specialises in homeopathy, nutritional science and naturopathy – said while certain treatments and therapies were "ingrained" in non-Western medicine, many IMGs were reluctant to practise them here for fear of being "frowned upon".

"There is a paradigm shift in medicine now... [The profession] will have to open its doors and look at what complementary medicine is about," he said.

Research conducted by the National Prescribing Service last year found that of all GPs who recommended complementary

medicines, 75% were Australian graduates.

Dr Vicki Kotsirilos, founder and former president of the Australasian Integrative Medicine Association, agreed IMGs were an untapped resource, but said a survey of their CAM credentials and their willingness to practise it was the first step.

**"IMGs can contribute so much to healthcare by offering integrative medicine to patients"**

"IMGs can contribute so much to Australian healthcare by offering integrative medicine to patients," she said. "We are Australian doctors learning about these therapies, but [many IMGs] come from a country where it... is inherent in their culture.

"[But] we need to know what their training is, what their understanding is, what their needs are."

# IMG honoured for saving doctor's life



An Indian-born GP tells Elizabeth McIntosh about his heroic role in a recent life-and-death situation.

WHEN Dr Sean George's heart stopped mid-consultation, it was the skill and determination of IMG GP Dr Venkata Subba Rao Akula that saved the WA physician's life.

The drama unfolded in October last year when Dr George suffered a myocardial infarction near Kambalda, where Dr Akula – better known as Dr Rao – was based.

While Dr Rao was finalising paperwork to have his patient transferred 650 km away to Perth, Dr George's heart stopped.

"He'd had chest pain for about two hours before arriving, I was explaining to him he'd need to go to Royal Perth Hospital and his heart just stopped in front of me,"

the Indian-born doctor said.

"I had him hooked up to an ECG, so it didn't take long to get the defibrillator ready – and then I zapped him," he said.

"I zapped him a second time, but even with 100% oxygen, his heartbeat didn't come back."

It took 13 defibrillations and 54 minutes of tag-team resuscitation before Dr George's heart started beating.

He was eventually airlifted to Perth and the following month returned to work with no signs of neurological deficit.

Dr Rao said as the patient was also a friend, he never once considered giving up – and that attitude scored him the Rural Health West Extraordinary Contribution to Rural Medicine Award.

Dr Rao has been based in Kambalda since arriving in Australia five years ago, the move made in the hope of achieving a happier work-life balance.

Working up to 20 hours a day in rural India, Dr Rao was in danger of burning out, so in 2003, after corresponding with an Australian doctor in Kalgoorlie, Dr Rao decided to visit Australia for a break.

"I got a ticket [to Kalgoorlie]



West Australia Governor His Excellency Dr Ken Michael (PhD) presents Dr Venkata Subba Rao Akula with his Extraordinary Contribution to Rural Medicine Award.

and I didn't know where it was – and I had to go because I couldn't get my money back," Dr Rao said.

After being offered a role in WA – working just eight hours a day, five days a week – Dr Rao

returned to India, sold his practice, packed up his family and moved to Kambalda, becoming part of the 5000-strong population.

"I feel as though I'm an Australian now, not Indian," Dr Rao said. "I love working here."